

NORTH YORKSHIRE COUNTY COUNCIL

12 November 2014

SCRUTINY OF HEALTH COMMITTEE – STATEMENT BY THE CHAIRMAN

The main areas of involvement of the Scrutiny of Health Committee and developments in the NHS impacting on our work since my last report are summarised below.

Safe and Sustainable Review of Children’s Congenital Heart Disease – Suspension of Service at Leeds General Infirmary (LGI) in 2013

Members will recall that the LGI agreed to suspend their paediatric heart surgery on 28 March 2013. The decision was taken after Sir Bruce Keogh, then NHS medical director at the Department of Health and the Care Quality Commission (CQC) had been informed of concerns about mortality data for the unit, parental concerns and issues raised by other NHS professionals. A rapid review of the LGI children’s cardiac unit was carried out between 5 and 7 April 2013. It found “no immediate significant safety concerns in terms of clinical governance, staffing or in the management of the patient pathway for surgical care in the Unit or for referral to other Units”. As a result, the suspension of surgery was lifted on 8 April 2013 and surgery resumed on 10 April 2013.

The situation created many uncertainties and in November 2013 NHS England commissioned three further reviews into paediatric cardiac surgery at LGI:

- a detailed mortality case review by an externally-led team of specialist clinicians;
- a detailed interview into parental concerns;
- an investigation of the concerns of other professionals raised around 14 specific cases.

The overarching report bringing together the findings across all three of these reviews, published on 28 October 2014 concluded that:

- clinical management of the cases examined showed medical and surgical care to be in line with standard practice;
- families who wished their experiences, views and concerns to be heard had been listened to;
- with regards to the concerns of other professionals, the review concluded that there had been some weakness around risk assessment and delays in seeking second opinions/referrals and in certain aspects of communication. Reassuringly, medical records showed no evidence that the LGI was unwilling to make referrals to centres outside Yorkshire, nor that it was unwilling to refer to the Freeman Hospital, Newcastle in accordance with its referral policy or when requested to do so by families. The balance of the evidence did not support some of the situations described by families and by clinicians in Newcastle.

The review also commented that the Safe and Sustainable process put centres in competition with each other and had damaged the trust that some parents had in the neutrality of the advice they were being given from those treating their children.

I agree whole heartedly with this comment. The Safe and Sustainable Review set hospitals against each other and undermined the confidence and trust that parents could place in the advice they were being given.

National Review of Congenital Heart Disease (Adults & Children)

The Safe and Sustainable Review of children's congenital cardiac services in England was brought to a halt in June 2013.

A new review, led by NHS England, is now underway to consider the whole lifetime pathway of care for people with congenital heart disease (CHD). As part of that work a consultation from 15 September to 8 December 2014 on 13 Standards and a Service Specification is taking place. The standards will underpin a specification under which there will be three levels of CHD services for children and adults:

- specialist surgical centres (level 1);
- specialist cardiology centres (level 2); and
- local cardiology centres (level 3).

The Yorkshire & Humber Joint Scrutiny Committee met on 17 October 2014.

I think there is broad support for the proposed standards and the service specification. Inevitably "the devil will be in the detail" in terms of how these 3 levels are achieved locally, including how different hospital trusts will work together in networks to ensure an equitable access across the whole country. This particular issue is outside the scope of the consultation and we are being told it will be a matter for NHS England Local Area Teams to take forward. As yet how and in what circumstances the local area teams might consult on this aspect is unclear. They must not repeat the mistakes of the Safe and Sustainable Review and put centres in competition with each other.

Further meetings of the Joint Scrutiny Committee are planned during November with a view to submitting a response to the consultation.

Mental Health Services

There is a good deal of work taking place nationally to improve mental health services. Our meeting on 5 September 2014 was an opportunity for the Committee to further its understanding of mental health and to hear how the service is developing locally.

Our discussions focussed around the need for greater integration of health and social care and for mental health to be given parity with physical health. We also heard that in-patient mental health care is only the tip of the iceberg – most of the care takes place in the community and in people's own homes. There should be no stigmatisation of people who suffer with mental health problems; particularly as on average 1 in 4 of the population will suffer with the condition at some time.

The meeting also gave us an opportunity to be brought up to speed on developments taking place in the Leeds & York Partnership NHS Foundation Trust at Bootham Park Hospital and the Lime Trees Unit in York.

A recent Care Quality Commission (CQC) report highlighted concerns about the physical state of both facilities.

Under an interim plan we heard that measures include changing wards at Bootham Park Hospital to make them more suitable for providing in-patient care; and moving Ward 6 (older people's ward) and the Electro-Convulsive Therapy (ECT) suite to Cherry Tree House in York.

In-patient specialist mental health services (Tier 4) for children and young people, commissioned by NHS England, will move from Lime Trees to Mill Lodge in York. This will provide a better environment with more space, and will improve care for more children and young people in in-patient facilities close to their homes and families

We also heard that across the Tees, Esk & Wear Valleys NHS Foundation Trust a number of service developments and improvements to its estate that have been made or are in the pipeline. Cross Lane Hospital in Scarborough and the Springwood Unit in Malton are first class facilities.

The Minister of State for Care and Support has recently stated publically that child mental health services are "not fit for purpose and are stuck in the dark ages". A government task force has been launched in a bid to make improvements. It is anticipated that the task force will report early in 2015. The task force's report will inform work which the Committee is planning to undertake in the New Year with a view to assessing how services locally measure up to its recommendations and models of best practice.

Harrogate and District Community Healthcare Services Review

At our meeting in September we were also updated on progress towards developing improved community healthcare services in the Harrogate locality and how these services would in future be more aligned with the Better Care Fund and the Joint Health & Wellbeing Strategy. An informal consultation is being planned.

The Work of Monitor in Two NHS Foundation Trusts Serving North Yorkshire

Monitor, the external regulator of NHS foundation trusts, is investigating both the South Tees Hospitals NHS Foundation Trust and the York Teaching Hospitals NHS FT.

In the case of the STHFT, Monitor's concerns relate to the Trust's financial position and the rate of clostridium difficile infections. At the meeting on 7 November we will be exploring how the Trust intends to transform healthcare services and achieve a long term sustainable long term financial position.

In the case of YTHFT, Monitor's concerns relate to waiting times for patients showing early signs of cancer and waiting times in A&E. On 7 November we will be seeking assurances from the Chief Executive of the Trust that it does have a plan for addressing these concerns.

The Committee needs to maintain a close eye on the situation in both Trusts.

I will report verbally to County Council on the outcome of our discussion on 7 November 2014.

Right Care First Time – Urgent Care Services in Scarborough and Ryedale

Between January and March of this year the Scarborough and Ryedale CCG consulted formally on proposals for improving urgent care services in Scarborough and Ryedale.

'Urgent care' is for a sudden illness or injury that needs treating fast, but is not considered to be a 999 emergency. No appointment is needed to access an urgent care service. Urgent care services should not be used to treat minor symptoms that could be treated by GPs, pharmacists or using over the counter medicines.

The current urgent care services included are:

- GP out-of-hours service
- Walk-in service at Castle Health Centre, Scarborough
- Malton Minor Injuries Unit (MIU)

The consultation helped to inform a specification for the service and the contract was put out to tender during the summer months.

An announcement on the successful tenderer and how the service will be configured is expected shortly.

We have consistently expressed concern over the fact that the CCG did not stipulate where exactly the centres should be located, other than to say they should be in Scarborough and in Ryedale. Our main concern is over the long term future of the MIU at Malton Hospital if the Ryedale centre is not located at that Hospital.

Catterick GP Out of Hours service to temporarily move to Northallerton

On 23 October the Hambleton, Richmondshire and Whitby CCG announced that the GP Out of Hours Service (OoHS) in Catterick, based in part of the Duchess of Kent Barracks at Catterick Garrison, would temporarily move as of 18:00 on Friday 24 October 2014 to the Friarage Hospital in Northallerton.

The move followed a fire risk assessment carried out by the Ministry of Defence which stated that the majority of the emergency lighting in the building was substandard and therefore the building was unsafe to use.

The CCG and the Harrogate and District NHS Foundation Trust, the provider of the OoHS, were given only 4 days' notice.

At a meeting of Richmondshire District Council's Scrutiny of Health Committee on Tuesday, 28 October 2014 local Councillors and members of the public expressed serious concerns over the proposals and sought an assurance that the service would return to Richmondshire as a matter of urgency. The CCG and the HDFT responded that moving the service to the Friarage was part of a contingency plan to ensure the service continued and it was only a short term solution. They also advised the Committee that they were liaising with the Harewood GP Practice in Richmond with a view to the OoHS being relocated at that practice from 11 November 2014. In the long term they commented that the intention was to relocate the service to the Friary Hospital in Richmond.

I am pleased to be able to report that on Thursday, 30 October 2014 the CCG confirmed that the service would relocate to the Harewood Medical Practice in Catterick Garrison from 11 November 2014.

I acknowledge the NHS was given only very short notice, but I do feel they could have done more to notify and reassure local Councillors and the public before the change went ahead. I also feel the CCG and the HDFT should review their contingency plans to ensure that in the

event of similar problems occurring in other services communication will be handled effectively and any interim solutions would not seriously undermine access to those services.

The NHS Five Year Forward View

The NHS Five Year Forward View which was published on 23 October 2014 sets out a vision for the future of the NHS and describes proposals for change over the next five years within the overarching headings of:

- a new relationship with patients and communities;
- new models of care.

Patient groups, clinicians and independent experts provided their advice to create a collective view of how the health service needs to change over the next five years if the NHS is to close the widening gaps in the health of the population, quality of care and the funding of services.

These issues regularly feature strongly in the work of the Scrutiny of Health Committee.

County Councillor Jim Clark
Chairman: North Yorkshire County Council Scrutiny of Health Committee

25 October 2014